

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3252AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2008
NAME OF PROVIDER OR SUPPLIER NOVA ALL STAR CARE HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 5525 ROSE THICKET STREET LAS VEGAS, NV 89130		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on September 26, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed as a six (6) beds Residential Facility for Groups which provides care to elderly and disabled persons, Category II residents.</p> <p>The census at the time of the surveyor was two (2) residents.</p> <p>There were no complaints investigated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 088 SS=C	<p>4493199(4) Staffing Schedule</p> <p>NAC 449.199</p> <p>4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.</p>	Y 088		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 088	Continued From page 1 This Regulation is not met as evidenced by: Based on record review, the facility failed to maintain a monthly staffing schedule that included the number and type of member of the staff assigned for each shift. Findings include: The facility's September 2008 staffing schedule was only prepared from 9/1/08 through 9/13/08. There were no previous staffing schedules available for review. Severity: 2 Scope: 1	Y 088			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure menus were planned a week in advance, dated, posted and kept on file for 90 days. Findings include: The facility had a generic menu. The menu lacked the current dates, month and year. Severity: 1 Scope: 3	Y 272			
Y 814 SS=G	449.2732(2) Protective Supervision	Y 814			

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Y 814	<p>Continued From page 2</p> <p>NAC 449.2732</p> <p>2. If a person who requires protective supervision is unable to follow instruction or has difficulty making his needs known to the employees of the facility, the person may be admitted to the facility or be permitted to remain as a resident of the facility if the facility complies with the provisions of NAC 449.2754 and 449.2756.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure residents requiring protective supervision and is unable to follow instructions or make their needs known, must not be permitted to remain a resident of the facility.</p> <p>Findings include:</p> <p>The facility was licensed as a six (6) beds Residential Facility for Groups which provides care to elderly, disabled persons, Category II residents.</p> <p>Resident #1 was an 81 year old resident admitted to the facility on 10/10/06 with diagnoses of Alzheimer's dementia, diabetes and cervical spinal stenosis.</p> <p>On the day of the survey, Resident #1 was not oriented to person, place or time.</p> <p>Interview with Employee #2 indicated that Resident #1 had a history of falls at the facility.</p> <p>During the survey, Resident #1 was observed with bruises around her eyes, nose and forehead. Resident #1 was also observed lying on the</p>	Y 814		

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Y 814	Continued From page 3 carpeted flooring in the living room area during the duration of the survey process. Resident #1 indicated that she was not sure how she got on the floor and whether or not she wanted to get up. later, the resident began yelling intermittently, indicating that she was in pain. Resident #1 required protective supervision and was unable to make her needs known to the staff at the facility. There was no endorsement on the facility's license authorizing it to provide care for persons with Alzheimer's disease. The facility was not in compliance with the provisions of NAC 449.2754 and 449.2756. Resident #1 may not be permitted to remain a resident at the facility. Severity: 3 Scope: 1	Y 814		
Y 960 SS=F	449.2754(1) Alzheimer's endorsement NAC 449.2754 1. A residential facility which offers or provides care for residents with Alzheimer's disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer's disease. This Regulation is not met as evidenced by: Based on record review, the facility failed to obtain an endorsement on the license authorizing the facility to provide care to 2 of 2 residents with Alzheimer's disease or related dementia (#1 #2). Findings include: The facility was licensed as a six (6) beds Residential Facility for Groups which provides	Y 960		

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Y 960	Continued From page 4 care to elderly and disabled persons, Category II residents. Resident #1 was admitted to the facility on 10/10/06 with the diagnoses of Alzheimer's disease, dementia, diabetes and cervical spinal stenosis. Resident #2 was admitted to the facility on 1/15/06 with the diagnoses of Diabetes (insulin dependent), dementia and hypertension. The facility lacked documented evidence on the license authorizing it to provide care to persons with Alzheimer's disease or related dementia. Severity: 3 Scope: 3	Y 960		
YA106 SS=F	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1:	YA106		

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YA106	<p>Continued From page 5</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and</p> <p>(b) Proof that the caregiver is 18 years of age or older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120 <../NRS/NRS-441A.html>)</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200</p>	YA106			

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YA106	Continued From page 6 <../NAC/NAC-441A.html>. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 <../NAC/NAC-441A.html>. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. Ê If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of	YA106		

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YA106	<p>Continued From page 7</p> <p>exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 <../NAC/NAC-441A.html>.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200 <../NAC/NAC-441A.html>.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)</p> <p>NRS 449.176</p> <p>1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the</p>	YA106		

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YA106	<p>Continued From page 8</p> <p>central repository for Nevada records of criminal history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime.</p> <p>NRS 449.179</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in</p>	YA106		

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YA106	Continued From page 9 subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history with in the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188. 3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least every 5 years. The administrator of person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the central repository for Nevada records of criminal history. 4. Upon receiving fingerprints submitted pursuant to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.	YA106			

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YA106	<p>Continued From page 10</p> <p>5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p> <p>NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request.</p> <p>NRS 449.185</p> <p>1. Upon receiving information from the central repository for Nevada records of criminal history pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate, the agency or facility shall terminate the employment or contract of that person after</p>	YA106			

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YA106	<p>Continued From page 11</p> <p>allowing him time to correct the information as required pursuant to subsection 2.</p> <p>2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1.</p> <p>3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work;</p> <p>(a) Before it received the information concerning the employee or independent contractor from the central repository;</p> <p>(b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information;</p> <p>(c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or</p> <p>(d) Any combination thereof.</p> <p>An agency or facility may be held liable for any other conduct determined to be negligent or unlawful.</p> <p>NRS 449.188</p> <p>1. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if:</p> <p>(a) The applicant or licensee has been convicted</p>	YA106		

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YA106	<p>Continued From page 12</p> <p>of:</p> <p>(1) Murder, voluntary manslaughter or mayhem;</p> <p>(2) Assault with intent to kill or to commit sexual assault or mayhem;</p> <p>(3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;</p> <p>(4) Abuse or neglect of a child or contributory delinquency;</p> <p>(5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years;</p> <p>(6) A violation of any provision of NRS 200.50955 or 200.5099;</p> <p>(7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the preceding 7 years; or</p> <p>(8) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or</p> <p>(b) The licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a).</p> <p>2. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1</p> <p>Based on record review, the facility failed to ensure a complete and accurate file was kept for 5 of 5 employees.</p> <p>Findings include:</p>	YA106		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3252AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2008
NAME OF PROVIDER OR SUPPLIER NOVA ALL STAR CARE HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 5525 ROSE THICKET STREET LAS VEGAS, NV 89130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
YA106	<p>Continued From page 13</p> <ol style="list-style-type: none"> 1. The file for Employee #1 (hired 5/01) lacked documented evidence of a chest x-ray and a letter from a physician indicating the employee was free from signs and symptoms of Tuberculosis (TB). Employee #1 also lacked documented evidence of a complete background check to include; fingerprints, proof that fingerprints were forwarded to the repository or response from the repository and a letter indicating the employee had not committed any of the seven crimes listed in NRS 449.188. 2. The file for Employee #2 (no hire date available) lacked documented evidence of a complete background check to include; fingerprint cards, proof that fingerprints were forwarded to the repository or a response from the repository and a signed letter indicating the employee had not committed any of the seven crime listed in NRS 449.188. 3. The file for Employee #3 (hired 8/28/08) lacked documented evidence of a complete background check to include; fingerprint cards, proof that fingerprints were forwarded to the repository or a response from the repository and a signed letter indicating the employee had not committed any of the seven crimes listed in NRS 449.188. 4. The file for Employee #4 (hired 8/31/08) lacked documented evidence of a complete background check to include; proof that fingerprints were forwarded to the repository or a response from the repository and a signed letter indicating the employee had not committed any of the seven crimes listed in NRS 449.188. 5. The file for Employee #5 (hired 6/11/08) 	YA106			

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YA106	Continued From page 14 lacked documented evidence of a complete background check to include; a signed letter indicating the employee had not committed any of the seven crimes listed in NRS 449.188. Severity: 2 Scope: 3	YA106			
YA660 SS=F	449.2706(1)(a)(b) Transfer of Resident NAC 449.2706 1. If a resident's condition deteriorates to such an extent that: (a) The residential facility is unable to provide the services necessary to treat the resident properly; or (b) The resident no longer complies with the requirements for admission to the facility, The facility shall plan for the transfer of the resident pursuant to NRS 449.700 and 449.705 to another facility that is able to provide the services necessary to treat the resident properly. This Regulation is not met as evidenced by: Based on observation and record review, the facility failed to ensure that when a resident's condition deteriorates and no longer complies with the requirements for admission to the facility, the facility shall plan for the transfer of the resident(s) to another facility that was able to care for the resident. Findings include:	YA660			

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YA660	<p>Continued From page 15</p> <p>The facility was licensed as a six (6) beds Residential Facility for Groups which provides care to elderly and disabled persons, Category II residents.</p> <p>Resident #1 was admitted to the facility on 10/10/06 with the diagnoses of Alzheimer's disease, dementia, diabetes and cervical spinal stenosis. On the day of the survey, Resident #1 was not oriented to person, place or time. The resident was not able to follow instructions, simple conversation or make her needs known to the staff.</p> <p>Resident #2 was admitted to the facility on 1/15/06 with the diagnoses of Diabetes (insulin dependent), dementia and hypertension. Resident #2 was unable to communicate (verbally) or follow simple conversation. Resident #2 was not oriented to person, place or time. Resident #2 was unable to administer or assist in the administration of her insulin or other medications.</p> <p>Both residents require and receives the following services from the facility; food, shelter, maximum assistance and extensive supervision.</p> <p>The facility lacked the proper Alzheimer's endorsement on its license. The facility also failed to have the proper documented skills and training to provide care to persons with Alzheimer's disease. Resident #1 and #2 may be transferred to another facility that is able to provide the services necessary to treat the resident properly.</p> <p>Severity: 2 Scope: 3</p>	YA660		

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YA773	Continued From page 16	YA773		
YA773 SS=D	<p>449.2726(a,b) Diabetes</p> <p>NAC 449.2726</p> <p>1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:</p> <p>(a) The resident's glucose testing is performed by:</p> <p>(1) The resident himself, without assistance;</p> <p>or</p> <p>(2) A medical laboratory licensed pursuant to chapter 652 of NRS; and</p> <p>(b) The resident's medication is administered:</p> <p>(1) By the resident himself without assistance;</p> <p>(2) By a medical professional, or licensed practical nurse, who is:</p> <p>(I) Not employed by the residential facility;</p> <p>(II) Acting within his authorized scope of practice and in accordance with all applicable statutes and regulations; and</p> <p>(III) Trained to administer the medication; or</p> <p>(3) If the conditions set forth in subsection 2 are satisfied, with the assistance of a caregiver employed by the residential facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure residents with diabetes were not permitted to remain a resident of the facility unless the resident had the ability to test their glucose level and administer their medication(s) without assistance.</p>	YA773		

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YA773	Continued From page 17 Findings include: Resident #2 Resident #2 was admitted to the facility on 1/15/06 with the diagnoses of Diabetes (insulin dependent), dementia and hypertension. Resident #2 was unable to communicate (verbally) or follow simple conversation. Resident #2 was not oriented to person, place or time. The resident was receiving food, shelter, maximum assistance and extensive supervision. Resident #2 was unable to administer or assist in the administration of her insulin or other medications. Interview with Employee #2 on the afternoon of September 26, 2008, indicated that Employee #2 does finger sticks on Resident #2 to check her blood sugar and administers the resident's insulin medication on a sliding scale. Severity: 2 Scope: 1	YA773		
YA815 SS=E	449.2732(3)(a,b) Protective Supervision NAC 449.2732 3. The administrator of a residential facility with a resident who requires protective services shall ensure that: (a) The caregivers employed by the facility are capable of providing the supervision for that resident without neglecting the needs of the other residents of the facility; and (b) There is a written plan for providing protective supervision for that resident.	YA815		

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YA815	<p>Continued From page 18</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure residents that required protective services had a written plan of protective supervision.</p> <p>Findings include:</p> <p>The file for Residents #1 and #2 lacked documented evidence of a written plan of protective supervision.</p> <p>Severity: 2 Scope: 3</p>	YA815			

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